

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027540

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

53

Primary Registration District No.

3009

Registrar's No.

354

STATE FILE NUMBER

FILED AUG 5 1963

## 1. PLACE OF DEATH

## a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Jackson Mo.

## Length of stay in 1b

7 Da.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Deal Nursing Home

## Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

## a. STATE

## b. COUNTY

Missouri Cape Girardeau

## c. CITY OR TOWN

Jackson

## Inside Limits

Yes ☒ No ☐

## d. STREET ADDRESS

610 Greensferry Rd.

## Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

## First

## Middle

## Last

John

S. Neumeyer

## 4. DATE OF DEATH

## Month

## Day

## Year

July 29 1963

## 5. SEX

M.

## 6. COLOR OR RACE

W.

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

## 9. AGE (last birthday)

## IF UNDER 1 YEAR

## IF UNDER 24 HR

Nov. 30-1876 86

Months 7 Days 29

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

## 10b. KIND OF BUSINESS OR INDUSTRY

Selling Groceries

## 11. BIRTHPLACE (City and state or country)

Gordonville Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A./

## 13a. FATHER'S NAME

Chas. Neumeyer

## 13b. MOTHER'S MAIDEN NAME

Caroline Brennecke

## 14. NAME OF HUSBAND OR WIFE

Bertha Bierschwal Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

Clarence Neumeyer Waterloo Ill.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Congestive Failure

## INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Arteriosclerotic heart disease

## DUE TO (c)

Generalized arteriosclerosis

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Dehydration

## PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from July 19, 1963, to July 29, 1963, and last saw her him alive on July 25, 1963  
Death occurred at 3:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

J.E. Hecker, M.D.

## 22b. ADDRESS

Jackson, Mo.

## 22c. DATE SIGNED

8/1/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

7-31-63

## 23c. NAME OF CEMETERY OR CREMATORY

City Cemetary

## 23d. LOCATION (City, town, or county)

Jackson Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Deneke- Laird Jackson Mo.

## 25. DATE RECD. BY LOCAL REG.

8-2-1963

## 26. REGISTRAR'S SIGNATURE

Deneke- Laird

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R. O. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.